

DIRECTIONS FOR COMPLETING THE EDUCATION FOR HOMELESS CHILDREN AND YOUTH TRANSPORTATION REIMBURSEMENT FORM

When the school of origin is in a school district different from the one in which the homeless student is temporarily residing and a determination is made that the student should remain at the school of origin, transportation may be provided. Both districts must equally split the excess cost of transporting a homeless student to the school of origin or to the school of best interest.

It is the resident district's responsibility to fill out and submit the homeless transportation reimbursement form to our department for both districts involved.

This applies to all cases of homeless transportation reimbursement except when the resident district has a homeless grant; the non-grant district is responsible for filling out and submitting their own homeless transportation reimbursement form. If a district incurs excess transportation costs as they transport a homeless student within their own district borders, then the district submits the reimbursement form to our department for the excess amount of transporting the homeless student.

Homeless Transportation Reimbursement requests must be from the current fiscal year and must be submitted after the actual transportation has occurred. No prior year reimbursements will be funded.

Complete and submit this form each month. Reimbursement funding will be distributed until funds are depleted. **Sections I-IV must be completed in their entirety in order for each district to be reimbursed.** Funding will be given to school districts that are not receiving a McKinney Homeless Children and Youth Program sub-grant.

Section I

Complete **all** of the school district information as requested for **both** the resident and attending district.

Section II

Provide the total cost for transportation services and the month transportation occurred.

Section III

The resident district must sign and date this form.

Section IV

The attendance district must sign and date this form.

Section V

To be completed by DESE staff only.

Mail or Fax the form to:

**Federal Financial Management
Missouri Department of Elementary and Secondary Education
PO Box 480
Jefferson City, MO 65102-0480
FAX: 573-526-6698**

NOTE: The sample documentation form is for your use only. Do not submit it to DESE. It is suggested that your district keep the information on the optional form (for auditing purposes) along with any billing records until three years after the fiscal year ending in June.



FEDERAL FINANCIAL MANAGEMENT
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
PO BOX 480, JEFFERSON CITY, MO 65102-0480
EDUCATION FOR HOMELESS CHILDREN AND YOUTH TRANSPORTATION
REIMBURSEMENT CFDA #84.196A

SECTION I - SCHOOL DISTRICT INFORMATION							
SCHOOL DISTRICT WHERE CHILD IS RESIDING:			COUNTY-DISTRICT CODE	SCHOOL DISTRICT WHERE CHILD IS ATTENDING:		COUNTY-DISTRICT CODE	
CONTACT PERSON		TITLE		CONTACT PERSON		TITLE	
TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
SECTION II - TRANSPORTATION INFORMATION							
TOTAL TRANSPORTATION COSTS: \$ _____ FOR THE MONTH OF _____, 20 ____.							
SECTION III - RESIDENT DISTRICT CONTACT SIGNATURE				SECTION IV - ATTENDANCE DISTRICT CONTACT SIGNATURE			
_____ SIGNATURE				_____ SIGNATURE			
_____ DATE				_____ DATE			
SECTION V - FOR DESE USE ONLY							
RESIDING DISTRICT PORTION OF TRANSPORTATION COST \$ _____ LESS STATE PUPIL TRANSPORTATION REIMBURSEMENT RATE: \$ _____ TOTAL MCKINNEY HOMELESS FUNDS REQUESTED: \$ _____				ATTENDING DISTRICT PORTION OF TRANSPORTATION COST \$ _____ LESS STATE PUPIL TRANSPORTATION REIMBURSEMENT RATE: \$ _____ TOTAL MCKINNEY HOMELESS FUNDS REQUESTED: \$ _____			

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SAMPLE FORM TO DOCUMENT NUMBER OF HOMELESS CHILDREN TO BE TRANSPORTED (DO NOT SUBMIT THIS PORTION TO OUR OFFICE)			
NAME	AGE	TYPE OF TRANSPORTATION <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TAXI CAB <input type="checkbox"/> CITY BUS <input type="checkbox"/> OTHER _____	
LOCATION FROM		LOCATION TO	DATES OF TRANSPORTATION
NAME	AGE	TYPE OF TRANSPORTATION <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TAXI CAB <input type="checkbox"/> CITY BUS <input type="checkbox"/> OTHER _____	
LOCATION FROM		LOCATION TO	DATES OF TRANSPORTATION
NAME	AGE	TYPE OF TRANSPORTATION <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> TAXI CAB <input type="checkbox"/> CITY BUS <input type="checkbox"/> OTHER _____	
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